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ABSTRACT

The Revised Standards for Providers of Psychological Services, developed by a committee of the American Psychological Association, have an important impact on industrial/organizational psychologists. Currently, four types of controls exist as assurances to the public that appropriate psychological services are being provided. They are: graduate education programs, supervised experiences and practica, certification and credentialing, and peer review by professional association committees and/or licensing boards. Industrial/organizational psychologists must stay on top of the licensing controversies to insure that they will be able to maintain their practices in the future. (Author/HLM)

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CAN INDUSTRIAL-ORGANIZATIONAL PSYCHOLOGY SURVIVE THE ADVANCEMENT OF PROFESSIONAL PSYCHOLOGY?

SPECIALTY STANDARDS FOR PROVIDERS OF I/O PSYCHOLOGICAL SERVICES

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I want to begin by making it clear that these are my personal views and not the official views of the Life Insurance Marketing and Research Association, of any Division 14 committee or subcommittee, or of the Connecticut State Psychological Association.

In the folklore of the province of Quebec, the story is told of a member of Parliament, named Peter, who was searching for something on the ground. A friend came by and asked, "What have you lost, Peter?"

"My key," said Peter.

So Peter's friend went down on his knees, too, and they both looked for it. After a time the friend asked, "Where exactly did you drop it?"

"In my house," answered Peter.

"Then why are you looking here, Peter?"

"There is more light here than in my house!"

The point is that there does seem to be a recent flurry of activity among clinicians and other professionals on a number of fronts. The Standards and the issues that these Standards raise are very important ones. Yet, shedding light on the standards today doesn't guarantee that the standards are the place to look for the key to the professionalization of I/O psychology. They do, however, represent one approach to the credentialing of I/O psychologists.

In the next 20 minutes I will briefly describe the history of the development of the Standards, place them in the context of the various mechanisms that regulate or are designed to regulate quality of our work, and make some prognostications about their impact on industrial-organizational psychologists.

In the late 1960's and the early 1970's the American Medical Association unsuccessfully resisted the federal government's efforts to establish a monitoring system for limiting the costs to the government of health care provided by individual physicians. Professional Standards Review Organizations,

have been established. PSRO's are local and regional groups of physicians through which a third party, such as the government or a private insurance carrier, can have questionable claims for medical care reviewed by the treating physician's peers.

During this period, the A.P.A. Committee on Health Insurance established regional review committees for psychological services. By 1972 it was clear to A.P.A.'s Board of Professional Affairs that local systems of review were desirable, local systems that would parallel the physicians' PSRO's and in some cases supplant them. To implement local review a new A.P.A. committee was established, The Committee on Professional Standards Review. This committee produced a set of guidelines that State Psychological Associations could use to compose and operate Professional Standards Review Committees in each state. The purpose of each Professional Standards Review Committee is to render opinions for third-party payers regarding the necessity for psychological services, the quality of service, and the appropriateness of the charges for psychological services.

Also by the early 1970's an A.P.A. Committee for Standards for Providers of Psychological Services -- COSPOPS -- had developed a set of minimally acceptable strategies and minimally acceptable organizational relationships between clinical psychologists and physicians under which COSPOPS felt clinical psychologists could deliver effective psychological services.

These standards were quite detailed as to what administrative procedures should be followed and were realistic only for clinical psychologists. This first version of Standards for Providers of Psychological Services contained such statements as:

> 3.3.1 Each Psychological Service shall develop written procedures for delivery of psychological services. This statement shall describe the current methods, forms, procedures and techniques being used to achieve the objectives and goals for psychological services...These written statements shall describe (a) procedures for making appointments for psychological services...including the method of establishing priorities of appointments (e.g., defining a waiting list and emergency situations);...(A.P.A., 1974, p.8.)

Because of their inapplicability to us, most industrial-organizational psychologists ignored them.

However, no group of psychologists felt that these Standards were general enough to apply to any group other than clinicians. So COSPOPS revised the 1974 version by narrowing the number of specialities to which the Standards apply -- clinical, counseling, school, and industrial-organizational -- and by removing much of the patently clinical jargon.

The Revised Standards for Providers of Psychological Services, published about a year ago, still contained enough material inapplicable or damaging to practice of industrial-organizational psychology to cause Division 14's Executive Committee to object to our discipline's inclusion under the Standards. When Council insisted that we remain included, Division 14 countered with a proposal to write specialty standards that would supplement the Revised Standards and hopefully would not be as objectionable to Division 14's members. Council accepted this compromise and our division's Professional Affairs Committee is working on Draft 6 of these specialty standards. We still have a long way to go!

I'm not going to describe what is in the specialty standards. I'll be glad to send any of you copies of the current draft if you'll leave your address with me after we finish today. What I am going to do is try to place the specialty standards in the context of other methods available for assuring the delivery of minimally acceptable levels of industrial-organizational psychological services.

"Standards" are technically considered "sets of conditions or requirements, prescribed and either formally adopted or widely recognized and accepted among buyers, sellers,...(or regulators.)" "Certification" is the process of assuring compliance with a standard...(Rosenberg, 1976, p. 80) and usually involves credentialling.

There are basically three considerations that operate to assure the public that the services we provide as professionals are sound. The first is our set of personal convictions about what "good" services are and the utility of providing good services at reasonable fees.

The second is self-interest or voluntary codes. The premise of these voluntary codes is that a professional who acts responsibly will build a successful practice in the long run. Abuse of the consumer will be reflected in the long-run by a loss of clients and failure of the professional practice.

Whenever there are discrepancies among consumers, providers, and others such as government agencies, there is often pressure to go beyond voluntary codes and to adopt voluntary standards and certification procedures. However, voluntary compliance with such procedures is usually low and, if the discrepancy in viewpoints among consumers, providers, and regulators persists, the voluntary standards and certification procedures become legal regulations, enacted to force compliance with community, state, or national norms of behavior.

In Exhibit 1 I've listed a few of the potential controls for quality of the psychological services we provide.

Most I/O psychologists feel pretty comfortable that the first two controls in Exhibit 1, Graduate Education and Supervised Experience, have, in the past, operated well to inculcate the personal values necessary to provide effective I/O services to clients and organizations. And most of us firmly believe that the professional I/O psychologist who provides effective services will, in the long run, be rewarded with continued employment and advancement, or with a growing clientele.

It's not that we don't accept standards and controls for our professionalism. Our dilemma is that we I/O psychologists don't accept the mandatory credentialing and peer review controls that our clinical friends believe necessarily accompany the highest standards of professional practice. For us, these mandatory controls are quite dysfunctional.

Complying with these credentialling and peer review controls costs us or our employers money and our time, and our orientation as scientist-practitioners renders forced compliance to minimal, standard levels of achievement intellectually unsatisfying. And, ultimately, what public is being hurt badly enough by our presumably ineffective consulting to justify state regulation of our activities?

Dysfunctional for us or not, clinicians view these mechanisms of control as prerequisites for clinical psychologists being included as mental health care providers under any national health care plan. There is no doubt that the clinician-controlled committees of A.P.A. will, within the next one to three years, revise previous guidelines for state legislation regarding psychology and push adoption of more restrictive control mechanisms for evaluating delivery of psychological services. I doubt if any of four major types of controls shown in Exhibit 1 will remain as they now are.

The Standards for Providers of Psychological Services was just the first skirmish in what I believe must be our vigorous efforts to constrain our clinical friends' enthusiasm for control mechanisms and whenever necessary to modify what they do construct so that industrial-organizational psychologists can still provide psychological services to our clients.

How interested should you be about what is being done? Well, it depends on your employment setting and the extent to which clinicians in your state are interested in reimbursement under any national health care plan. The more interested they are, the more likely that they will increase control procedures such as regulating psychological activities through licensure or requiring peer review procedures for relicensure or recertification.

If we ignore the immediacy of the problem or decide that the clinicians are not likely to affect any of our own individual practices, then somewhere in the near future each of us may be faced with a set of decisions and alternatives diagrammed in Exhibit 2. Today most of us are unconcerned because we can now safely follow the decision path down the left side of the page. We can call ourselves behavioral scientists or consultants or anything except a psychologist, and our states of domicile do not regulate who can use the techniques we employ in our organization interventions. For us, today, controls are irrelevant. But, if we do want to call ourselves psychologists or if we do want to include regulated techniques or activities in our consulting repertoire, then we must move down the right hand side of the page.

Those of us who are practitioners, particularly those of us in individual practices, may not be able to avoid whatever mandatory peer reviews the state legislators adopt. And the clinicians seem ready to urge adoption of such peer review mechanisms as mandatory continuing education, specialty licensing, and Psychological Service Review Committees.

Our past tactic of considering ourselves academicians or scientists -- instead of practitioners -- may not help either. For preliminary drafts of model licensure laws include very restrictive operational definitions of a practitioner. This definition may be based on whether fees are charged for applying psychological techniques or for accepting fees from employers for I/O services. Such definitions will affect most members of Division 14. Almost all of us would be practitioners and fall under statutory regulation of at least some of our consulting activities.

Finally, it seems evident that if we are practitioners, our state of domicile could require that we participate in peer review, either through continuing education or ABPP examinations or some other method. Again, clinicians are actively considering such requirements, or already have them, in states where reimbursement under national health care is of concern to professional psychologists.

I, for one, do not particularly relish looking ahead to a regulated profession of industrial/organizational psychology, yet we industrial-organizational psychologists do have time to affect the policy decisions about controls at the A.P.A. level and certainly decisions about implementing controls at the state level.

This is what we have been doing and will continue to do. The industrial-organizational specialty standards and the standards for continuing education are important precedents for they clearly establish that the practice of professional psychology is not unitary. As model legislation is developed by A.P.A. Committees, industrial-organizational psychologists must press for similar exemptions or special treatment of our discipline.

I also urge you to monitor the activities of your state psychological association. It is very likely that peer review mechanism, when implemented, will be staffed by volunteers drawn from your state association. Listen to what is proposed and make your voice heard when you don't like what you hear.

It is time for us all to get involved again with our State Associations or our State Boards of Examiners of Psychologists.

The most hopeful implication of the specialty standards is that clinical psychologists still are willing to consider industrial-organizational psychologists as part of professional psychology. But we must remain actively involved and identify as professional psychologists or we may find ourselves regulated out of the professional services we can best provide.

EXHIBIT 1

CONTROLS FOR PROVIDERS OF PSYCHOLOGICAL SERVICES

GRADUATE EDUCATION	SUPERVISED EXPERIENCE	CERTIFICATION
-Selecting capable students -Requiring core curriculum -Requiring practical experience	-Obtaining supervised experience in specific area of practice	-Passing AASPB examinations -Obtaining minimum credentials

PEER REVIEW

Continuing Education Procedures	Obtaining ABPP specialty designations	Receiving A.P.A. Fellow designation
Obtaining a Specialty License from State	Professional Standards Reviews Committees	Ethical Standards Review Committees

EXHIBIT 2

WHAT CONTROLS APPLY TO WHOM?